Foster Family Home - Corrective Action Report

Provider ID: 1-120021

Home Name: Marcela Buted, NA Review ID: 1-120021-8

1616 Maliu Street Reviewer: Julie Hastings

Honolulu HI 96819 Begin Date: 3/19/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1

Home inspection completed for a 2 person CCFFH recertification.

- Home inspection completed for a 2 person CCFFH recertification
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 4/19/2021

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) CG#1, CG#2, and HHM #1 e-Crim lapsed

CG#1 did 4/12/17 and 7/18/19,

CG#2 did 4/23/18 and 5/13/20,

HHM#1 did 4/12/17 and 5/18/20.

HHM#3 has no fingerprint or exemption from fingerprint on record.

8.(a)(2)

CG#1 APS/CAN lapsed done on 8/15/17 and 11/20/19 HHM#1 APS/CAN lapsed done on 4/13/17 and 6/15/2020.

Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)

NO TB form or declination form in binder for HHM#1. #2, or #3

Compliance Manager

Primary Care Giver

3/19/2021

Date

3/19/2021

Date

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate: Marcela Buted

(PLEASE PRINT)

CCFFH Address:

1616 Maliu Street, Honolulu, HI 96819

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?			
8.(a)(1)	Cannot correct lapse for CG#1, CG#2, and HHM#1 Cannot provide fingerprint for HHM#3 due to she is still in the hospital since March 27-to present.	7/18/19 5/13/20 5/18/20	Will use I-phone calendar to set reminders to maintain current e-crim records.			
8.(a)(2)	Cannot correct lapse for CG#1 and HHM#1	11/20/19 6/15/20	Will use I-phone calendar to set reminders to maintain current APS/CAN records			
41.(f)(1)	TB clearance was obtained for HHM#3. It was placed into home record. HHM #1 and #2 do not have contact with client, declination form signed	4/12/21	Will use I-phone calendar to set reminders to maintain current TB clearance			

V	All items that	were f	ixed	are a	tache	ed to t	his CAF
PCG'	All items that s Signature:	4	Ha	xell	la	Du	red

Date: 4/12/202/